***Ankit Tailor***

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**Sr. Business/Data Analyst**

**SUMMARY**

* Over 7+ years of comprehensive experience as a Senior Business Analyst in Healthcare, Finance, Insurance, and other sectors.
* Experience in all phases of software deployment life cycle including application demos, requirement analysis, business analysis, design and construction phases of application development, change management, ongoing support
* Well versed in different types of methodologies includes Agile, **RUP**, **Scrum**, and Waterfall methods.
* Experience in conducting **JAD** sessions, **Scrum** session, Brainstorming sessions and Focus Groups
* Experience in conducting **GAP** Analysis, Feasibility Analysis and **ROI**, Business Process Engineering by using Business Analysis tools.
* Created Business Requirement Document (**BRD**) on the basis of business requirement and translated to Functional Requirement Document (**FRD**) and delivered to technical team.
* Created Business Case document, Activity diagrams, Sequence diagrams based on Rational Unified Process (**RUP**) Model and business process modeling (**BPM**).
* Experience in QA testing; identifying requirement gaps and resolutions as well as recognizing process or programming inefficiencies and recommends improvements.
* Worked with line of business to understand end-users' and external customers' requirements to be included in system design, documents the new applications, or the changes made to existing applications.
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/270/271/277(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side
* Experienced in 835/837/270/271 processes of medical claims/underwriting for support and point of reference for the vendor in business issues.
* Experience in the analysis and design of Workflows and organizational processes in addition to the analysis of external environments including but not limited to, political, economic, technological, legal, etc.
* Familiar with current industry standards, such as **HIPAA**, SOX, Title 21 CFR Part 11, 21 CFR Part 820, ISO, **Six Sigma**, and Capability Maturity Model (**CMM**)
* Excellent communication, analytical, interpersonal, and presentation skills; expert at managing multiple projects simultaneously.
* Excellent team player who works in conjunction with testers, developers and other team members in validation and testing complex scenarios in addition to maintaining the Quality Standards.
* Excellent at working with executive and management teams to facilitate overall project vision, execution and strategy throughout new rollouts and change management
* Proven experience in troubleshooting effectively in a fast-paced, time-critical environment, which demanded strong customer service skill set.
* Created Training Manuals, Help Manuals, User Guide for System User.
* Outstanding organizational skills in capturing all the business flows and presenting them as meaningful artifacts at Inception and elaboration phase.

**TECHNOLOGIES:**

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| **Platforms** | Windows /XP/NT, Windows Vista and 7, Linux, Unix |
| **Programming Languages** | C++, Java1.4/J2EE, HTML, COBOL, XML, PHP |
| **Databases** | Oracle 8.1/9i, 10g, 11g, 12c MS SQL v. 2005, 2008, R2, 2012, IBM DB2 |
| **Content/Change**  **Management Tools** | MS Share Point, Rational Clearcase |
| **Modeling & Analysis Tools** | Rational Rose, MS Visio, Rational RequisitePro, Caliber RM |
| **Web Development/Design Tools** | Flash, Adobe Creative Suite, Balsamiq, iRise Studio |
| **Testing Tools** | Rational Clear Quest, HPQC v. 8.0,8.2,9.0,9.2,9.5,10.0,11.0, Load Runner v. 8.0,9.5,11.0, Rational Test Manager |
| **Project Management Tools** | MS Project, Rational Team Concert |
| **Office Tools** | MS Word, PowerPoint, Excel, Outlook |

**PROFESSIONAL SUMMARY:**

**Molina Health Care, Doral FL     April 2013- Present Sr. Business/Data Analyst**

Molina Health Care is the world’s leading company devoted to patient-oriented renal therapy.  The project involved creating a new web based claims processing and management application

**Responsibilities:**

* Implementation of a web based claims processing and management application to manage health insurance claims electronicallytoprovide real-time patient insurance information including 278, 837 I, P and D. Data is automatically translated to meet **HIPAA** 5010 compliance standards and the privacy of transactions is protected.
* Participated in formulation of the Project Plan and Scope, preliminary and definitive Budget estimation.
* Developed a vision plan that defined the primary goals and objectives of the project. Analyze user stories and segregated them into high level and low level.
* Created **BRD** and translated to **FRD** and delivered to the technical team.
* Prepared product backlog working with product owner and other SME.
* Prioritized user stories and assigned to different sprints.
* Prepared and tracked burn down charts and velocity charts for timely delivery of projects.
* Utilized corporation developed Agile SDLC methodology used **scrum** work pro and Microsoft office software to perform required job functions.
* Strong understanding about user interface (UI) and user experience (UX) design principles and users centered methodology.
* Developed user guides, provides user training, and supports the user in development of work processes.
* Supported UAT to evaluate the system performance and also developed system plan to quality center, review design, view test cases.
* Prepared scope of the project and developed new business process along with process mapping and user task analysis.
* Conducted JAR sessions to indentify business issues and analyze their causes and come up with a solution
* Garnered information  and knowledge on ICD 9-10 and **HIPAA** 4010/5010 as well as Developed the transaction process more accurate and real time regarding 837 including **HIPAA** compliance.
* Used Electronic Medical Record (EMR) to extract useful information regarding patients for claim submission to the insurance company.
* Collaborated with development team to determine the security access and its tracking to ensure privacy of End users.
* Involved in change management panel to measure the impact for any requirement change request. Coordinated with change panel members and evaluate the change request
* Wrote various SQL queries to create, update, modify tables, create reports and retrieve information from the database.

**Environment:** Agile, MS Project, MS SQL 2008, Rational RequisitePro v7.1.2, Clear Quest, Windows XP, HPQC v. 10.0, MS Visio, MS Share Point.

**Cigna Health insurance, Windsor, CT                  Nov 2011- March 2013           Business/Data Analyst**

Cigna is a full health management company providing full range of HMO, PPO, and POS benefit plans. Cigna wanted to have data consistency and proper data mapping between the old and the new system.

**Responsibilities:**

* Developed the Business Crosswalks for 837(P, I, D), 835 and 276/277, 278 according to HIPAA implementation rules.
* Assessed the current status of business process modeling (BPM) and developed project Developing processes, standards, and strategies for development of BPMs.
* Identified analyzed, defined, and documented detailed requirements to support projects and associated business objectives as well as experienced with common web delivery platform and in depth data analysis.
* Developed a vision plan that defined the primary goals and objectives of the project.
* Developed the Business Crosswalks for 837(P, I, D), 835 and 276/277, 278 according to HIPAA implementation rules.
* Analyze user stories and separate them into high level and low level as well as created BRD for signoff.
* Preparing various claims and member-eligibility files for the required test, submitting test output to the (vendor) clients through specific format and several similar functions.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Defined project requirements with an agile approach, created the Epics, and provided OOM (Order of Magnitude) for each Epic.
* Prepared product backlog working with product owner and other SME.
* Prioritize user stories and assigned to different sprints.
* Facilitated daily scrum meetings and managed task board with user stories and board.
* Prepared and tracked burn down charts and velocity charts for timely delivery of projects.
* Gathered end users’ or customers’ feedback according to the system and conducted retrospective meeting for continuous improvement if needed according to end users or customers.
* Conducted workflow analysis and GAPanalysis to understand the shortcomings of the existing process and evaluated the benefits of the new system.
* Conducted JAR meetings to make sure everything in the project was running smoothly.
* Assisted development team in preparing wire frames for validating designs by the stakeholders.
* Employed Rational Clear Quest for bug tracking during the testing lifecycle.
* Involved in User Acceptance Testing.
* Collaborated with change management panel for change request as well as deeply involved in evaluating change impact on the project.
* Experienced with Medicare and Medicaid as well as EDI transaction such as: 837 (P, I, D), 835, and 276/277.

**Environment:** Agile, MS Office 2007, MS Project, Rational RequisitePro, MS Visio 2007, MS SQL Server 2007, MS Share Point, HPQC.

**New York State Department of Public Health     Jan 2009-Oct 2011**

**Business/Data Analyst**

New York State Department of Public Health is the governmental body responsible for the public health in the State of New York. The project involved building a system internally with simplified the management of the centralized respository of data.

**Responsibilities:**

* Created an internal system which automated and simplified the process of managing product, inventory, and configuration data in a centralized repository of data
* Incorporated AGILE methodology to establish a business analysis by interacting SMEs and end users.
* Gathered requirement differences between the AS-IS and TO-BE system and performed a GAP Analysis.
* Became the SME (Subject Matter Expert) for the BPLM Change Management tools to provide direction, leadership and support for team members.
* Assisted Project Manager during the inception phase to create the project scope, charter, and initiation documentation.
* Performed Root Cause Analysis during the design stage to ensure that core requirement needs were met and current problems/causes were well understood by the development team prior to actual implementation.
* Created and managed the BRD, FRD, and FRS for the new enhancements to the BPLM Change Management Tool.
* Created test cases, assisted in the testing, and managed the UAT of the enhancements prior to deployment.

**Environment:**Agile,MS Office, MS Visio, RequisitePro v.7.1.2, MS SharePoint, HP Quality Center 9.0, Oracle, MS Project, RUP

**Client: Baylor Health Care, Dallas TX Nov 2007 - Dec 2008**

**Business Analyst**

Member of the Enterprise Management Office (EPMO): involved in the Health Care Reform project dealing with Enrollment and Eligibility involving BRD & EDI 834 and 820’s

**Responsibilities:**

* Assisted in identifying project scope, to conform to the regulatory compliance related to X12 837 (I/P), 835, 834, 270, 271, etc.
* Involved in Validation of HIPAA for 837, 270/271, 276/277,835, 834 EDI transactions. Worked closely on 834 transaction code for Benefit Enrollment and did manual testing using Test Director.
* Involved in validation of HIPAA 834, 270/271 EDI transaction codes. Developed functional specifications to test and enhance HIPAA transactions such as 834.
* Analyzed and collected business requirements, identified system interfaces and created the Requirements Specification Document.
* Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance), 270/271 (Eligibility request/Response), 834 (Enrollment/Dis-enrollment to a health plan)
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup.
* Performed Requirement Analysis to Develop Use Cases, Activity Diagrams and Use Case Diagrams.
* Provided documentation such as requirements management plans, functional requirements, test plans and test cases.
* Incorporated the best practice methodologies as advocated by the Rational Unified Process.
* Designed and analyzed Business Process Model, Use Case model and test procedures based on RUP methodology.
* Gathered requirements from various business areas like Claims, Provider Relations, Enrollment, Finance and Benefits Administration for their updates to the Claim Processing Engine.
* Involved in creating Business Process Documentation. Identified Use Cases from the requirements. Created UML Diagrams including Use Case Diagrams, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams using MS-Visio.
* Facilitated JAD sessions with business and technical units to fine tune, prioritize and detail requirements and use cases.
* Developed System Test Plan, Test Strategy, Test Cases, Test Criteria or Test Condition, Test Script’s and Performed System Testing and User Acceptance Testing.

**Environment:** Windows, Quality Center, Rational Unified Process, MS office, Rational Rose, Rational Requisite Pro, Test Director, ClearCase, UML, Rational Suite, MS Access, MS Visio, MS Project.